DOCUMENT RESUME

ED 330 292 HE 024 380

TITLE	Optimizing Health Care for Foreign Students in the United States and American Students Abroad.
INSTITUTION	American Coll. Health Association, Evanston, Ill.; National Association for Foreign Student Affairs, Washington, D.C.
SPONS AGENCY	United States Information Agency, Washington, D. C.
PUB DATE	89
NOTE	56p.
AVAILABLE FROM	NAFSA Association of International Educators, 1875 Connecticut Avenue, N.W., Suite 1000, Washington, DC 20009-5728 ($5.95 plus postage and handling).
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Acquired Immune Deficiency Syndrome; Data Collection; *Foreign Students; Health Insurance; *Health Services; Higher Education; Immunization Programs; Intercultural Communication; Orientation; Professional Associations; Program Administration; *Study Abroad

ABSTRACT

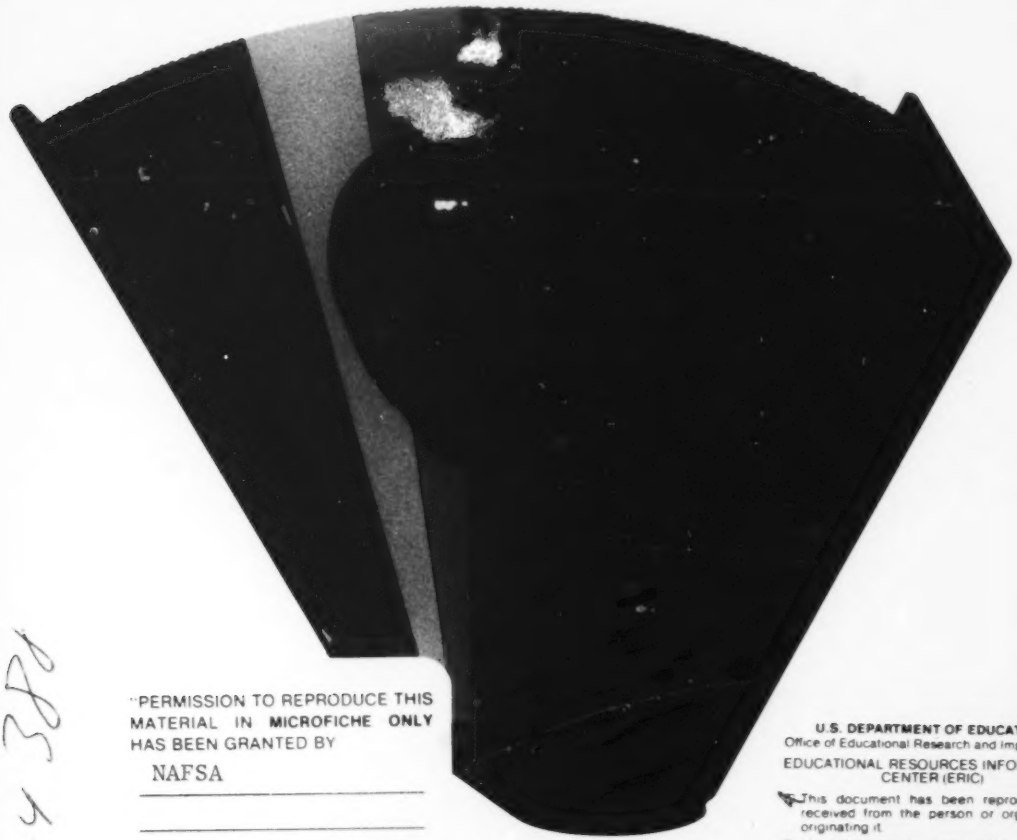
This workbook is organized around 15 guidelines for improving health care for foreign students in the United States and U.S. students abroad. Each guideline is described in a chapter followed by self-assessment questions enabling the evaluation of the adequacy of campus health programs. Each chapter concludes with an invitation to outline goals and objectives for future improvement. Chapters have the following titles: (1) "Creating a Network for Collaboration"; (2) "Understanding Cultural Differences"; (3) "Promoting Health Awareness"; (4) "Improving Orientation Programs"; (5) "Overcoming Challenges in Health Care for Foreign Students" (tropical medicine, immunization and tuberculosis policies and protocols, hepatitis B care, dental and eye care, gynecological care, nutrition, sexually transmitted diseases and Acquired Immunodeficiency Syndrome, and health promotion and prevention); (6) "Encouraging Student Participation in the Health-Care System"; (7) "Integrating Cultural Beliefs into Health Care for Foreign Students"; (8) "Overcoming Language and Communication Difficulties"; (9) "Understanding the Special Needs of Foreign Women"; (10) "Facilitating Health Care for Dependents"; (11) "Encouraging Adequate Health Insurance Coverage"; (12) "Preparing Students for Reentry"; (13) "Preparing U.S. Students for Study Abroad" (orientation, health-care and student-health services abroad, culture shock and reentry, policies on immunizations, tuberculosis and Human Immunodeficiency Virus testing, travel clinics, and health insurance); (14) "Implementing Data Collection and Research on Foreign-Student Health Needs and Services"; and (15) "Enrichment Through Professional Associations." A list of associations, publications and other resources are described in a final section. (JB)

HE

ED330292

Optimizing Health Care for Foreign Students in the United States

And American Students Abroad



"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

NAFSA

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☞ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

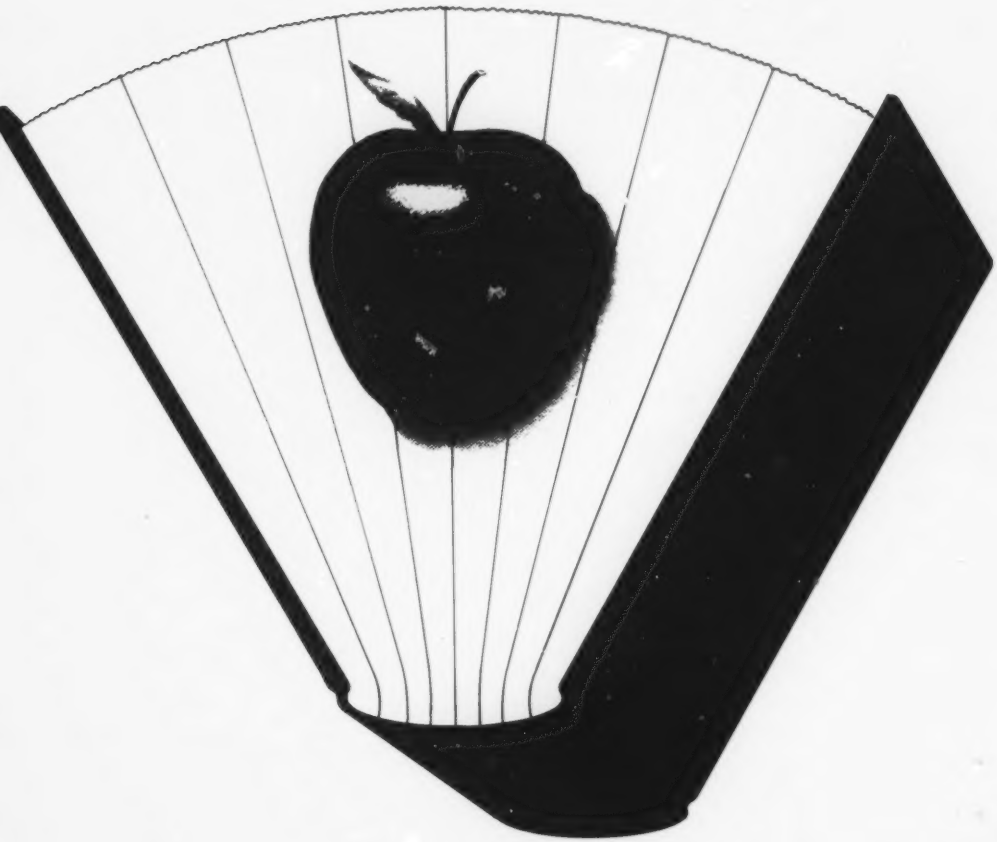
HE 024 380

Joint Committee for Foreign Student Health Care
National Association for Foreign Student Affairs
American College Health Association

BEST COPY AVAILABLE

Optimizing Health Care for Foreign Students in the United States

And American Students Abroad



Joint Committee for Foreign Student Health Care
National Association for Foreign Student Affairs
American College Health Association

© 1989 National Association for
Foreign Student Affairs.
Printed in United States of America.
All rights reserved.

Table of Contents

NAFSA Joint Committee on Foreign Student Health Care i
Introduction ii
Preface iii
1. Creating a network for collaboration 1
2. Understanding cultural differences 3
3. Promoting health awareness 5
4. Improving orientation programs 7
5. Overcoming challenges in health care for foreign students 10
   Tropical medicine 10
   Immunization and TB policies and protocols 11
   Hepatitis B care 11
   Dental and eye care 11
   Gynecological care 12
   Nutrition 12
   Sexually transmitted diseases and AIDS 12
   Health promotion and prevention 13
6. Encouraging student participation in the health-care system 15
7. Integrating cultural beliefs into health care for foreign students 17
8. Overcoming language and communication difficulties 19
9. Understanding the special needs of foreign women 21
10. Facilitating health care for dependents 23
11. Encouraging adequate health insurance coverage 25
12. Preparing students for reentry 29
13. Preparing U.S. students for study abroad 32
   Orientation 32
   Health-care and student-health services abroad 32
   Culture shock and reentry 33
   Policies on immunizations, TB and HIV testing 33
   Travel clinics 34
   Health insurance 34
14. Implementing data collection and research on foreign-student health needs and services 37
15. Enrichment through professional associations 40
Resources 42

NAFSA-ACHA Joint Committee on Foreign Student Health Care

Murray M. DeArmond, M.D. (Chair)
Director, Student Health Service
University of Arizona

Pamela Bowen, M.D. (ACHA)
Medical Administrator, Student Health Service
University of Pittsburgh

Marie Flamme, M.P.H. (NAFSA)
Foreign Health Education Specialist
University of California, Berkeley

Nancy Mark, M.S.W. (NAFSA)
Associate Director, Office of International Student Affairs
University of Illinois at Urbana-Champaign

Sam McVay, Ph.D. (ACHA)
Director, Student Health Program
Southern Illinois University

Robert R. Petit, M.H.A. (ACHA)
Medical Administrator, Student Health Center
University of Oregon

Charlotte Siegel, M.S.W. (NAFSA)
Social Worker, Cowell Student Health Center
Stanford University

Jillian Hills Stevenson
Assistant Director, NAFSA Field Service

Support for this publication was provided by the American College Health Association and the Advising, Teaching and Specialized Programs Division of the U.S. Information Agency through a grant to the NAFSA Field Service.

Introduction

The enrollment of more than 350,000 foreign students in U.S. colleges and universities presents opportunities and challenges for administrators in higher education. The National Association for Foreign Student Affairs (NAFSA) and the American College Health Association (ACHA) have joined efforts to recognize these challenges and opportunities and to improve the delivery of culturally appropriate health care for foreign students.

Through the NAFSA-ACHA Joint Committee on Foreign Student Health Care, established in 1986 with a grant to the NAFSA Field Service from the U.S. Information Agency, the two associations have provided valuable resource material and support to the field. Serving as a model of interassociation cooperation, the committee has worked diligently to produce a variety of innovative programs and projects.

"Optimizing Health Care for Foreign Students in the United States" is a culmination of the associations' efforts to improve the quality of foreign student health care on campuses.

Our thanks and recognition go to the Joint Committee for making tremendous strides toward improving health care for foreign students and their dependents and for its efforts in creating this publication.

JOHN F. REICHARD
NAFSA Executive Vice President
Washington, D.C.

STEPHEN BLOM
ACHA Executive Director
Rockville, Maryland

Preface

Health encompasses the physical, emotional, social and spiritual well-being of every person. It requires a commitment to the total person, one that seeks to understand the lives of people, not only the symptoms they present for treatment. Health refers to harmonious balance, an evolving process, not a fixed event. The field of cross-cultural health care is relatively new, and nowhere is it more challenging today than at U.S. institutions of higher education where large numbers of foreign students are enrolled. Wellness programs, self-care and education are crucial additions to treatment services. In academic settings, responsibility for disease prevention and health promotion is widely shared. It is to this broad interpretation of responsibility for health that "Optimizing Health Care for Foreign Students" is dedicated.

The NAFSA ACHA Joint Committee on Foreign Student Health Care is pleased to present this workbook, which is organized around 15 guidelines. Each guideline is described in a chapter, followed by self-assessment questions enabling the reader to better evaluate the adequacy of campus health programs. The names used in the vignettes are fictitious. Each chapter concludes with an invitation to outline goals and objectives for future improvement.

At the end of the book is an annotated list of resources to assist those interested in the well-being of foreign students. Every effort has been made to include in this section resources that have been discussed in the text.

Committee members understand that each guideline is not separate from the others. All are integrated, and the reader will observe overlap in some of the chapters. Together, they comprise a comprehensive approach to the topic.

This workbook is intended to serve as a reference guide to improve health-care services for foreign students. The term "foreign" is used consistently, with the recognition that the word "international" could be applied interchangeably.

Without good health, all else is jeopardized. Quality health care for foreign students, their dependents and U.S. students abroad is the responsibility of administrators, college health personnel, mental- health staff, foreign student advisers, the foreign students themselves and many others. The book targets that broad constituency.

1. Creating a Network for Collaboration

Lone Pine State University is large, with a 30,000-student enrollment. Almost ten percent are foreign students, and health concerns are common among them. Barbara Spear, the new foreign student adviser, is surprised to find that there are no joint efforts between the health service and the foreign student office. Professionals in health- and mental-health care and foreign student advisers have seldom met and do not even know each other.

Cooperation among foreign student advisers and professionals in health care and mental health is essential to support the needs of foreign students. Jointly developed appointments, policies and programs can help demonstrate this commitment to cooperate.

Professional collaboration promotes understanding of health-care needs and expectations that are shaped by foreign students' cultures. In turn, students need to know what to expect from advisers and health-care providers when they experience physical or psychological problems.

Cooperative relationships help support health and wellness programs as well as treatment services for illnesses and emergencies. In crisis situations where the health of the foreign student may be in jeopardy, such as sexual assault, domestic violence or an accident, having a team in place among foreign student advisers and health-care professionals can bring collective expertise to a difficult situation. Collaboration begins with teamwork between the foreign student office and the student health service. It expands to include other services on campus and in the community. This network, focused on understanding the complexity of health care for foreign students, can strengthen broad-based health programs and develop resources for them. It also will encourage recruiting and retaining foreign students while contributing to their academic success.

The following programs have proven to be useful at colleges and universities across the country in developing a system of communication that establishes and maintains a cooperative network:

- Seminars co-sponsored by the foreign student office and the student health service have helped faculty and staff understand common problems encountered by foreign students.
- Interpreters have been found by surveying faculty and staff on their foreign language skills.
- Mental-health staff have been used to train foreign student advisers and others about early identification of crisis situations and intervention in them.
- Informal brown-bag lunches and staff meetings have brought together foreign students, foreign student advisers, health-care providers and mental-health staff to discuss common concerns.

In her former foreign-student advising position at Eastern Coastal College, Barbara Spear had participated with the director of the student health service in a NAFSA-ACHA workshop on improving health

care for foreign students and dependents. At the workshop, she had learned of resources available from NAFSA, including model in-service training workshops designed to encourage staff to be sensitive to the special needs of foreign students. She contacted NAFSA and began making plans with the student health service on campus to conduct an in-service training workshop, involving many resource people on campus.

Creating a Network for Collaboration

SELF-ASSESSMENT:

	Yes	No	N/A
1. Foreign student advisers and health-care and mental-health professionals have cooperated in working with foreign students during the past year.			
2. Foreign student advisers and student health staff have identified people on campus and in the community with whom they feel a common understanding of intercultural health issues.			
3. There is evidence that foreign students and their spouses have been referred to appropriate offices and services for their needs.			
4. People who have international expertise, including faculty, staff and students, have been used to increase the health staff's knowledge about specific cultures.			
5. Faculty have been contacted when appropriate to resolve health issues that might interfere with a foreign student's academic growth.			

PLANS FOR FUTURE ACTION:

2. Understanding Cultural Differences

Dr. Jordana Cole joined the college faculty three months ago. She is stunned to find that 15 percent of her graduate students are foreign, with cultural backgrounds totally unfamiliar to her. She finds herself frustrated as she tries to advise these students, and longs to find information to better understand them and to improve her relationship with them.

Health and a successful academic experience depend on an understanding of and sensitivity to foreign-student health needs. Foreign student advisers, health-care professionals, faculty and others must be sensitive to the many different cultural backgrounds of foreign students. Developing an understanding and awareness of foreign students involves reading about cultures, talking to students about themselves, their backgrounds and cultures and being open to what students are communicating.

Training programs are an important method to use to help foreign student advisers and professionals in health care and mental health understand cultural differences. Interdisciplinary training may include information about other cultures and health beliefs, exploration of attitudes and values pertaining to health and strategies for effective assessment of health needs and provision of care for foreign students.

Ongoing training in cultural sensitivity developed by teams of professionals including staff from the student health service, the student counseling/mental-health service and the foreign student office on campus may also be offered to the faculty and administration. Community groups and organizations may be invited to these programs as well. It would be particularly appropriate to invite community health-care providers from hospitals, medical societies, dental societies, mental-health clinics and public health departments.

The program should be evaluated annually for relevancy and effectiveness. One campus department or service, such as the foreign student office, might be asked to be responsible for coordinating the programs, with costs shared among the offices most involved.

The success of cross-cultural training depends upon accurately assessing the needs of the targeted audience and securing resources to develop the programs. Foreign students are often willing to help with program development. Anthropologists, international business faculty and faculty with foreign travel or work experiences are excellent resources. Community health-care providers with international experience may offer additional help.

An interdisciplinary training program might include:

- facts about other cultures and their health beliefs
- methods of exploring attitudes and values pertaining to health
- strategies for effective assessment of health needs and for providing care for foreign students and their dependents
- information about gender issues, including gender-specific responses to health care, health-delivery issues and cultural values
- sensitivity to cultural stereotyping

At a departmental staff meeting, Jordana learned that one of her colleagues is on the advisory board of the Office of International Education. He invited her to an international festival, where she met many foreign students eager to share their cultures and customs. Conversations at this event and others that followed have allowed Professor Cole to feel more comfortable with the foreign students in her classroom. She has begun to learn about cultural traditions, and how they can affect classroom behavior. She begins a lecture with an invitation for students from other countries to share their cultural perspectives on the issue to be studied that day. A lively discussion generally ensues, and as student enthusiasm for the class obviously builds, Professor Cole finds herself much more comfortable with the students.

Understanding Cultural Differences

SELF-ASSESSMENT:

	Yes	No	N/A
1. A variety of resource people, such as faculty, community health providers and foreign students, have been involved in developing an ongoing cross-cultural training program on campus.			
2. The topic of gender issues has been included in planning health-care programs.			
3. Financial support has been secured for an ongoing program for cross-cultural training of staff on campus.			
4. A specific department or service and a specific individual have been assigned responsibility for program development and coordination.			
5. The cross-cultural training program is reviewed annually for effectiveness and relevancy.			

PLANS FOR FUTURE ACTION:

3. Promoting Health Awareness

Mika, a freshman, had been surviving on clear soups since arriving at Midland State University three weeks previously. One morning she walked into English class and fainted. She was taken to the student health service, where she explained in tears that she had no appetite for U.S. food and found grocery stores confusing. She is hoping to meet other students from her country to ask how they eat, but so far she has not managed to do that.

Emphasis on disease prevention and health promotion is paramount for students experiencing the stress of living in a foreign culture. The foreign student office and the student health service can promote programs on topics such as AIDS, alcohol awareness, dental care, stress management, immunization programs, fitness, nutrition and smoking cessation.

Optimal health care depends on strong preventive strategies. Foreign students bring to the United States from their respective cultures a variety of strategies for maintaining good health and for preventing health problems. Foreign student advisers and health-care providers can more effectively understand and adopt strategies by being aware of how foreign students approach health care. The goal is to work together for a comprehensive concept of prevention and health care. The challenge for foreign student advisers and health-care providers is to put together programs that show students how their health concerns may change and how a new awareness of changes in health care are necessary while the student is in an environment very different from the one s/he is used to.

The following questions apply:

- How do foreign students relate to the concept of prevention? Do they view the campus health service in the context of prevention? If not, in what areas and with what particular groups is prevention practiced?
- How are foreign students helped to move through barriers to get themselves, their families and their friends to be involved in programs that emphasize prevention?
- What can facilitate this process?

The following programs represent some of those efforts that have been used and proven helpful:

- Foreign-student peer advocates have been used.
- Health articles have been written for the foreign student newsletter.
- Articles have been screened for cultural sensitivity and relevancy to foreign-student concerns before release for publicity purposes.
- Educational sessions have been conducted in residence halls to attract foreign students and their families to encourage them to participate in health-promoting activities.
- Peers already involved in prevention have given demonstrations during these sessions on topics such as stress management techniques and aerobic dance.

Thanks to a cooperative program with the foreign student advising office, the health service refers Mika to Marilyn Bates, the foreign student adviser. Ms. Bates finds several students to help Mika learn how to shop, cook and eat in the United States.

Mika soon becomes active in several campus organizations, particularly in discussion groups at the campus international center. One day, after talking about her experience with food problems, Mika and her friends propose writing a health information column for the foreign student newsletter. Ms. Bates refers the students to the health education unit of the student health center for information on nutrition, diet, exercise and other topics. They also consult NAFSA's HealthLink, a clearinghouse for information and resources on foreign student health. The subject of their first column is "How to make U.S. food bearable." It meets with rave reviews!

Promoting Health Awareness

SELF-ASSESSMENT:

	Yes	No	N/A
1. Foreign-student peer advocates have been used.			
2. Articles about disease prevention and health promotion have been written for the foreign student newsletter.			
3. Articles and brochures have been screened for sensitivity to international perspectives.			
4. Educational health sessions that attract foreign students have been offered in residence halls.			

PLANS FOR FUTURE ACTION:

4. Improving Orientation Programs

Shahram is told at the start of his first day at Central University that he is required to attend an orientation program for all new students on campus. Shahram obediently goes through the process and comes out overwhelmed with information. The questions he is most concerned about—his visa status, his budget and how to obtain health insurance—are unanswered. His concerns escalate during the semester as he continues to stew over his worries without finding anyone to answer them.

He makes repeated visits during the semester to the student health center, complaining of nausea, stomach cramps and insomnia. His extremely low grades at mid-semester alert the foreign student advising staff, and they ask him to drop in for a visit.

Orientation programs focused on health care in the United States help foreign students tune their own cultural expectations with health-care systems on campuses where they come to study.

People undergo psychological as well as physical adjustments in new cultures. Health-care providers need to understand the phenomenon known as culture shock and the impact it can have on a foreign student's personal life and educational experience. Students may experience some of the following symptoms as they pass through phases in acculturation:

- helplessness—dependence on compatriots
- greater irritation than usual when things go wrong
- a fear of being cheated, injured or robbed
- excessive concern about pains or skin eruptions
- a strong desire to be home with their own people who understand them
- delaying or refusing to learn the language of the country
- insomnia and fatigue
- excessive concern for cleanliness
- loss of appetite
- loneliness
- poor concentration
- headaches
- stomach problems
- depression
- homesickness

Some knowledge of the phases of acculturation people go through in a new environment or culture may be helpful:

Stage I: This may be called the "tourist stage," or the stage of euphoria. The student is fascinated and thrilled with all that is new and tends to see similarities with the home country.

Stage II: The student slowly begins to feel uncomfortable. Differences stand out that cause misunderstandings and feelings of alienation. At this stage, the student may be very critical of the new culture and may become depressed.

Stage III: The student slowly recovers. Interest in and sensitivity to the new culture and other people emerge. A sense of humor and an ability to joke about new experiences and difficulties return.

Stage IV: A meaningful understanding of the new environment occurs. The student stops assessing the new culture by using his/her own culture as a model and accepts the culture and people for who and what they are—not better or worse, just different.

The most helpful and comprehensive orientation programs start with the inclusion of health-related information in the admission material mailed to students in their home countries. The information should include examples to help students and their sponsors anticipate health-related financial needs or requirements, such as mandatory health insurance. Information about climate and dietary adjustments is also important.

An on-campus orientation program, usually coordinated by the foreign student office, is recommended at the beginning of each quarter or semester. Small groups are suggested as the most effective way to organize to meet students' needs. The presentations may be formal or informal. Any required health screening, such as tuberculosis testing, may be integrated into the schedule. The orientation program may include tours of the student health service and the counseling center. An opportunity to purchase health insurance before or during the orientation is strongly recommended.

A separate, specific orientation covering the concept of health insurance might be considered, since the concept is unfamiliar and difficult for many foreign students to understand.

Health service personnel, mental health professionals, foreign-student peer health advisers and volunteers and foreign student advisers should be involved in planning and presenting orientation programs.

It is a good idea to allow time for discussion after the orientation presentation. Topics for a health orientation might include:

- an overview of the U.S. health care system
- an explanation of why health insurance is needed or required and how it works
- a description of campus health facilities and the services available, including hours of operation
- an explanation of the work of health care providers, such as nurse practitioners, dental hygienists, psychologists and athletic trainers
- a list of community resources available for dependents, including medical and dental societies, the public health department, churches and mental-health clinics
- suggestions on contact points for students seeking help, such as student health directors and their staff, foreign student advisers and specific individuals
- cautions about self-care and the appropriate use of health-care professionals, including asking questions
- instructions on obtaining and using medications in the United States, including over-the-counter medications, antibiotics and other prescription drugs
- suggestions on how to meet nutritional needs, based on differences between U.S. and home-culture foods. Information on the importance of healthy diet when under stress
- an overview of adaptation to culture change, including culture shock and stages of adjustment
- encouragement for students to take responsibility for changes that could lead to better health
- Orientation programs that go into more detail about the symptoms and phases or stages of culture shock. The videotape "Cold Water," often available through the campus video library, may be helpful to foreign students as well as to U.S. students going abroad. This film is about cross-cultural adaptation (see "Resources" for ordering information).

Printed materials, including a foreign-student handbook, brochures describing health programs and services and maps showing locations of campus health facilities (including telephone numbers), are helpful references. A list of health practitioners and staff who have special language skills or international experience offers additional help. Also, translated health-information brochures for students and dependents can be helpful. Listings of such brochures are available from the NAFSA-ACHA clearinghouse on foreign-student health information and resources, HealthLink (see "Resources" for ordering information).

Shahram tells Jennifer Marquez, a foreign student adviser who interviews him, that his grades are low because he has been ill. Marquez asks about his illness and learns that Shahram's underlying worry has been about health insurance, which leads him to divulge that he has no idea how to budget or whether he might be allowed to get a job.

Marquez realizes that many of Shahram's worries might have been spared had Central University offered a special orientation program focused on the concerns of foreign students. She meets with members of the student health service staff, who express concern about the number of foreign students coming to them with stress-related ailments. Marquez spearheads a campaign for a separate orientation program for foreign students.

The next semester, the student health service, the foreign student advisers and other campus services offer the program. Shahram joins in presenting as a peer adviser.

Improving Orientation Programs

SELF-ASSESSMENT:

	Yes	No	N/A
1. A health orientation program for foreign students is offered each semester or quarter.			
2. Foreign-student peer health advisers help plan the orientation program.			
3. Meetings with presenters are held before and after orientations to decide on additions or deletions that would improve future programs.			
4. Guidance on culture shock is included in the orientation program for foreign students.			
5. A separate orientation session on health insurance is held for foreign students.			

PLANS FOR FUTURE ACTION:

5. Overcoming Challenges in Health Care for Foreign Students

Mamadou's night sweats, headaches and fatigue lead him to the student health service. There, Mamadou is treated for a viral upper respiratory illness, a common ailment for the time of year. The symptoms worsen. He returns to the health service five times before the correct diagnosis, malaria, is made. By the time he receives treatment, he has lost weeks in school and may fail.

Providing health care for foreign students opens up opportunities and challenges. It also offers privileges because health-care providers meet people from all walks of life and from all corners of the world. It is a challenge because providers may have to diagnose and treat unfamiliar diseases, they may need an interpreter in order to communicate and they must try to bridge cultural differences in the management of illnesses.

For all students, a health history is important information that is often solicited through the use of forms. Some institutions have these forms available in various languages. They may be sent to the student with admissions materials, or they might be filled out when the student first visits the clinic. These completed forms are filed with each student's medical record. Examples of such translated health history forms to strengthen this aspect of foreign-student health care are available through Healthlink, a national clearinghouse on foreign-student health information and resources (see "Resources" for ordering information).

It is important that health-care providers be sensitive to language and cultural differences that can create communication difficulties. It is helpful to speak foreign languages or have translators or translated materials available (see Chapter VIII). Those working with foreign students should respect and, when appropriate, integrate the student's individual understanding and beliefs about health and illness into their care (see Chapter VII). Health-care providers also need to have medical knowledge or access to information about diseases prevalent in different parts of the world outside North America.

The following aspects of health care are often different for foreign students than for domestic students: tropical medicine; immunization and tuberculosis (TB) policies and protocols; hepatitis B; dental and eye care; gynecological care (including screening for cervical and breast cancer); nutrition; sexually transmitted diseases (STDs) and AIDS; and health promotion and self-care.

Tropical medicine

Health-care providers may be unfamiliar with tropical diseases such as malaria, cholera, typhoid, yellow fever and parasitic illnesses, or with certain cancers and infectious diseases in diverse parts of the world. It is important that information about these illnesses be made available to staff in order to provide the best health care to foreign students. Such information may be obtained from:

- texts on tropical medicine, medical parasitology and epidemiology
- the Centers for Disease Control

- infectious disease specialists and gastroenterologists
- physicians from foreign countries who are practicing in the community
- continuing education programs

Immunization and TB policies and protocols

The prevention of infectious diseases is important for health-care providers and local health authorities. The student health service and the local health department should work together to ensure proper immunization and testing of foreign students and their families. Although foreign children of school age are required by state laws to receive adequate immunization, spouses and infants may be overlooked. Health departments also have access to immunization information and consent forms, published in many languages by the Centers for Disease Control, that are helpful when working with foreign students and their families.

The prematriculation immunization requirement passed by the American College Health Association in 1983 stipulates that all students, including foreign students, should present proof of immunity according to U.S. Public Health Service standards to measles, mumps, rubella, diphtheria and tetanus, and they also should supply dates of polio immunization.[1] In addition, all foreign students should be required to have a skin test for tuberculosis (PPD) before being allowed to matriculate.[2]

Hepatitis B care

Hepatitis B is prevalent in many parts of the world, including China, Southeast Asia, sub-Saharan Africa and the Amazon basin. It is a viral infection of the liver that can be self-limited or can lead to chronic infection associated with serious liver disease or liver cancer. In areas where the infection is prevalent, 5 to 20 percent of persons infected with acute hepatitis B cases may become carriers of the virus, and up to one-third of the carriers may develop some form of chronic hepatitis that can lead, in turn, to cirrhosis, hepatoma (liver cancer) and liver failure.

Carriers are capable of infecting others through intimate contact, and children born to women who are carriers may be infected at birth and go on to become carriers unless they receive treatment at the time of delivery.

Foreign students from countries with high prevalence of hepatitis B infection should, therefore, be screened for the presence of the hepatitis B core antibody in their blood. If uninfected students are identified, they may be offered hepatitis B vaccine. If infected students are identified, they may be screened further for the presence of the hepatitis B surface antigen in their blood. If this antigen is present, they are carriers of hepatitis B and may be counseled about transmission of the virus to others. Their sexual partners may be offered the hepatitis B vaccine. Children whose mothers are carriers may receive treatment at birth in an effort to prevent their becoming carriers. The relatively high cost of the vaccine should not serve as an excuse for failure to establish a responsive health program to deal with hepatitis B. The health of many people may be preserved by immunizing uninfected men and women and by treating children born to women who are carriers of hepatitis B.

Dental and eye care

Dental and eye care traditionally are not covered by insurance policies, yet frequently foreign students are in great need of such care.

---

[1] Public health standards for immunity against measles are under constant scrutiny and may change. It was recommended in August 1987 that in the event of a case of measles on campus, everyone who received vaccine before 15 months of age should be revaccinated. The ACHA recommendation will probably change in May 1989 regarding measles immunization. Immunity for mumps and rubella is satisfied by vaccination at 12 months or later or by an immune titer. Immunity to diphtheria and tetanus is satisfied by completion of a primary series, with a booster within the last 10 years.

[2] If the PPD is positive, a chest X-ray should be required regardless of whether the student has had BCG vaccination (BCG does not usually cause a PPD to react with 10 mm or more of induration and redness). It is important to keep in mind that BCG has never been shown to give good protection against pulmonary tuberculosis. It does, however, give protection against TB meningitis, and in certain countries it is required for that purpose. However, students who have had BCG can still become infected with pulmonary tuberculosis. People with a negative chest X-ray and a positive PPD (10 mm or more of induration), regardless of whether they have had BCG vaccination, should receive INH prophylaxis for six months provided that there are no contraindications to its use. Local health departments often provide and monitor INH prophylaxis at no cost.

Many foreign students may delay seeking dental and eye care until they reach the United States. If the student health service does not offer these types of care, students should be referred to reasonably priced providers in the community. Dental and eye care also may be obtained at a university's dental or medical school, from public health clinics and from dentists and physicians from foreign countries who may be practicing in the community.

Gynecological care

In order to provide gynecological care to foreign women, it is helpful if health-care providers understand the needs, beliefs and practices of their patients. Health professionals might encounter taboos against examining virginal women, or a situation in which a family member (often the husband) must be present at the examination or must grant permission for it. In addition, custom may prohibit women from having a male health-care provider. Some women from Saharan Africa may be circumcised and may require special procedures at child birth (see Chapter IX).

It is not uncommon to find that foreign women have had incomplete gynecological examinations at home, if they have ever had any at all. As a result, it is important to screen for breast cancer and cervical cancer using the Pap smear. Self-breast examination should be taught, and the women should be advised of the need for regular examinations, especially if they are sexually active.

Birth-control education and information about contraceptive methods may be made available in culturally sensitive ways. Listings of translated, culturally sensitive brochures a available through HealthLink, NAFSA-ACHA's national clearinghouse on foreign-student health information and resources (see "Resources" for ordering information). If pregnancies occur, foreign women may require assistance in finding obstetricians who will be sensitive to their traditions, or they may require special help should they decide to terminate the pregnancy.

Nutrition

It is essential that students have adequate nutrition in order to participate fully in their program of study. As part of culture shock, foreign students may experience aversion to American foods, loss of appetite and loss of weight. To compound the problem, they may be unfamiliar with purchasing, storing and cooking foods. These problems or conditions may be especially true of students living on their own for the first time.

It is important to help foreign students obtain adequate nutrition. This may involve providing them with lists of local ethnic grocery stores, taking them on shopping expeditions to large grocery stores where familiar foods are often packaged in unfamiliar ways, getting information for them on safe storage of foods and conducting cooking classes. Resources include students in the nutrition department, public health staff and other foreign students. "Friendship Family" organizations and faculty wives may be helpful.

Information on the basic food groups may also be provided, using foods specific to a culture. If students have dietary restrictions, these need to be taken into account when preparing such information. Meeting with family members is frequently necessary, since they are often the ones preparing meals. This is especially important when treating a student for diabetes, hypertension or obesity. In the case of married men, many times little in the way of nutritional management can be achieved without the help of the wife.

Sexually transmitted diseases and AIDS

Foreign students may have fears about studying in the United States, because this country is perceived as having a high prevalence of sexually transmitted diseases (STDs) and AIDS. At the same time, institutions and individuals in the United States may discriminate against foreign students from countries perceived to have a high prevalence of AIDS. It is essential that our colleges, universities and other organizations develop policies and provide appropriate educational programs about AIDS to allay fears and prevent discrimination. In the case of foreign students, cooperation between the student health service and the foreign student office helps provide flexible, culturally sensitive STD and AIDS programs. The variety of developmental, cultural and religious attitudes among foreign students toward sexual behavior, sexual negotiation and decision making, toward the use of con-

doms and contraceptives and toward intravenous drug use determines how to provide students with preventive education in the most effective manner. Peer advocates from different countries may be helpful presenters for these programs.

Student health services should provide for treatment or referral for treatment of STDs and AIDS-related illnesses. They also should provide information about treatment of sexual partners and about health-care resources available to them if the partners are not eligible to use the student health service. Specific guidelines to assist institutions with their educational programs and policy development on AIDS are provided in *AIDS on the College Campus—ACHA Special Report* (see "Resources" for ordering information). An updated edition will include a statement on AIDS and international educational issues.

Health promotion and self-care

Both the student health service and the foreign student office can offer programs to promote proper nutrition, fitness, stress management, alcohol awareness, smoking cessation, AIDS education and drug-abuse prevention (see Chapter III).

Self-care among foreign students is nearly universal. Just as domestic students take remedies with them when they travel abroad, so foreign students import their own medications and health-care practices. It is important for health-care providers to inquire about home remedies and to record them on patients' charts.

> ***Ted Burke, who diagnosed Mamadou's illness correctly, explains at a student health service staff meeting that his case offers a classic example of why all medical providers need to be aware of tropical and country-specific diseases. He presents a program on resources available to them, including "Culture, Health and Illness: An Introduction for Health Professionals," "The Travel and Tropical Medicine Manual" and "Health Care for the International Student" (see "Resources" for ordering information).***

Overcoming Challenges in Health Care for Foreign Students

SELF-ASSESSMENT:

	Yes	No	N/A
1. In order to form a basis for treatment, the medical chart entry includes:			
a. student's country of origin			
b. student's date of departure to home country			
c. home remedies and self-care			
d. cultural differences discussed in patient encounter			
2. Health-care providers:			
a. speak foreign language(s)			
b. have access to translators			
3. Translated health materials are available.			
4. Educational resources are available to health-care providers about:			
a. health care in foreign countries			
b. tropical diseases			
c. country-specific diseases			
d. country-specific health practices			
e. culture shock			

5. Lists of physicians and dentists in the community who are from foreign countries are available.

6. Appropriate textbooks and reference materials, such as a tropical medicine text, are readily available to health-care providers.

7. ACHA immunization requirements are in effect for foreign students.

8. Foreign students and staff who are in close contact with them are tested for TB.

9. Immunizations are provided for foreign students.

10. Foreign students from sub-Saharan Africa, China, Southeast Asia, and the Amazon basin are tested for hepatitis B.

11. Hepatitis B vaccine is available for foreign students.

12. Referrals for dental and eye care are available.

13. Female health-care providers are available.

14. Culturally-sensitive educational programs are provided for foreign students about:
   a. contraception and sexuality
   b. sexually-transmitted diseases
   c. AIDS

15. Gynecologists sensitive to non-Western traditions are available.

16. Treatment for STDs is available.

17. Culturally-sensitive wellness programs are in place on campus and off campus for:
   a. nutrition
   b. fitness
   c. stress management
   d. alcohol awareness
   e. smoking cessation
   f. drug use and abuse

18. Reference lists are in place for referring foreign students.

PLANS FOR FUTURE ACTION:

6. Encouraging Student Participation in the Health-Care System

Staff concerns about the high number of repeat visits foreign students are making to the student health service lead the director, Dr. George Shaw, to visit the campus international house. Students there indicate that many feel a lack of control over their health and are dissatisfied with the campus health service. Many are interested in becoming more involved in the health service. A follow-up survey conducted by the foreign student office and the student health service backs up Dr. Shaw's impressions.

Participation of foreign students in the health-care system helps to assure effective, comprehensive services. When students take on active roles in the system, health care and individual responsibility for health are strengthened.

One of the great challenges in entry-level health clinics is to involve patients as active participants in their care. Patients too often fall into dependency on professionals. Good health requires just the opposite. It is only through the empowerment that comes from active involvement that self-care initiatives flourish and well-being can be secured. Campus health programs have been pioneers in recognizing this fundamental principle and in creating opportunities for students to become involved in their own health care. Innovative strategies developed on campuses across the country have become models for community-based clinics.

Participation begins in the clinic during interaction between patients and practitioners. Additional opportunities for involvement occur through student-health advisory committees and a variety of peer health programs. These offer students opportunities to:

- evaluate the service
- provide regular feedback to the clinic to insure that programs stay relevant to changing student needs
- participate in developing health service budgets, review policy development and service implementation, critique programs and develop benefits for the campus health insurance program
- become peer advisers to encourage fellow students to adopt behaviors that will help insure good health

It is a good idea to encourage foreign students to join student-health advisory committees or to serve as peer health aids. The goal is to offer them an equal opportunity to become involved in matters that affect them. Incentives such as academic credit for training to become a peer adviser or documented certification of membership and participation in committee activity would be helpful to those who are not familiar with the idea of consumer participation.

Foreign student advisers meet with the various foreign student clubs and organizations on campus as a result of the survey. Several programs are started, including foreign-student peer advisers and an on-going evaluation of services.

Encouraging Student Participation in the Health-Care System

SELF-ASSESSMENT:

	Yes	No	N/A
1. A foreign student organization or set of organizations addresses health-care issues.			
2. Foreign students are included in health-care program evaluations.			
3. Foreign students are a stratified subset in health-care surveys.			
4. Foreign students are included in search committees for staff who might serve them.			
5. Foreign students are represented on the health advisory committee.			
6. Foreign students are represented on the insurance advisory committee.			
7. Foreign students are represented on food committees responsible for dining and housing services.			
8. Foreign students are included on committees for all services that might affect their well-being, such as the counseling center, student health center and foreign-student advising.			

PLANS FOR FUTURE ACTION:

7. Integrating Cultural Beliefs into Health Care for Foreign Students

Kyung has been brewing and drinking several cups of a special tea every evening for a week—a remedy he learned from his aunt back home as a surefire cure for sore throat. His symptoms worsen.

When he awakes one morning with a high fever and inability to swallow, his roommate takes him to the student health service. The doctor there lectures him about "home remedies" and tells him he must take only the medicine that will be prescribed. Kyung tries to explain how his cure worked all his life at home, but the doctor is disinterested. The student leaves the health service wondering if he should just go back home, where things at least make sense.

Integrating cultural beliefs about health and illness into the assessment, diagnosis and treatment plan contributes to successful health care for foreign students. Beliefs about health and illness are part of the cultural tradition that people bring to the United States. It is important for foreign student advisers and health-care professionals to understand and, when possible, integrate these beliefs into the prevention and treatment processes. All individuals learn from family, friends, the community at large and their culture the meaning of health and illness. These lessons may include folk remedies, ritual practices and traditions, working with indigenous healers and the invocation of private belief systems that order individual approaches to dealing with illness. Every student, whether from the United States or a foreign culture, carries a rich fabric of experience and convictions regarding health and illness patterns, in addition to whatever faith he or she may have in Western, so-called scientific medicine. It is essential when working with all students, but especially those from other cultures, not only to be attentive to the need for competent diagnosis and treatment but also to be sensitive to students' ideas about illness and the concepts they hold about the causes of health problems and avenues for healing.

The relationship between culture and health behavior is complicated. It poses a special challenge when working with foreign students. Some questions to consider when students are concerned about their health are:

- What is the individual's explanation of the illness and the meaning it has in his or her culture?
- Is it a good or a bad illness to have?
- Are the causative factors inside or outside one's self?
- How is pain expressed?
- How would healing normally take place?
- What is the meaning of the sick role?
- What is the role of preventive health in the home country?
- What emphasis is placed on maintenance of good health?
- Who is responsible for an individual's health?
- Who does the healing in the home culture: medical doctor, herbalist, spiritual healer, shaman or perhaps self-applied folk remedies? The curing may involve several of these alternatives. When would each be used?

Dr. Frank Parker, who treated Kyung, conveys his frustration with foreign students who delay treatment by relying on their home remedies to Dr. Carolyn Merrill, a member of the regional NAFSA/ACHA Health Care Team. Dr. Merrill talks with other physicians on the staff of the student health service and learns that many of them are having experiences similar to Dr. Parker's. She contacts a colleague in the foreign student office, and they invite several foreign students to speak at the physicians' in-service meeting. After the students explain some of their health-care beliefs and practices with common illnesses, a cultural specialist from the anthropology department gives a presentation. Discussion follows.

Integrating Cultural Beliefs into Health Care for Foreign Students

SELF-ASSESSMENT:

	Yes	No	N/A
1. Inquiries are made about how presenting health issues would be resolved within home contexts.			
2. Inquiries are made concerning students' beliefs about the cause of their health problems.			
3. Students are encouraged to educate health-care providers and others about their individual and home-country health-care practices.			
4. Multiple, culturally appropriate practices and beliefs are acknowledged.			
5. Literature and other resources are available to health practitioners to expand their knowledge of alternative cultural health-care practices and beliefs.			

PLANS FOR FUTURE ACTION:

8. Overcoming Language and Communication Difficulties

Ning Fang tries to speak his best English to the receptionist at the student health service. He wants treatment for his back, which he has injured in a gymnastics workout. But the woman who seems to hold the key to his getting help is rushed by other students in the line. When she can't understand him, she presses more loudly for answers to her questions. Tension mounts. Finally, near tears, the student leaves the health service.

Perhaps the most obvious barrier to effective health care across national boundaries is that of language differences. Communication is the first step in delivering quality health care. It can pose a problem, even with students from the United States. The use of scientific terms, unfamiliar explanations and patients' failure to hear what is said compromise the effectiveness of many encounters in health clinics. The assumption that a statement made by a health-care practitioner will automatically be followed overlooks the complexities of nonverbal communication and the tension and anxiety that frequently accompany medical encounters. Communication difficulties are compounded when the practitioner and patient must bridge cultural and language differences.

It is important to be aware of language and communication differences. Resources such as interpreters, health forms and information printed in a variety of languages and orientation materials in translation contribute to lessening the stress that may accompany illness. Such materials help ensure that students will communicate their concerns accurately and will understand the practitioner's explanations and instructions.

Verbal and non-verbal communication patterns vary from culture to culture. Sensitivity to these variations is paramount in order to provide appropriate health care for foreign students, since most of the information we receive and process is nonverbal. Culture-specific training sessions and printed materials are especially useful in providing needed background to staff members (see Chapter II).

Counseling foreign students is frequently challenging because of difficulties in communication. Clear communication is crucial, considering the problems of uprooting experienced by foreign students. The development of mutually intelligible codes for use in counseling has been offered as a solution to this problem. *Uprooting & Health: Psychosocial Problems of Students from Abroad*, by Alexander D. G. Gunn and Charles A.A. Zwingmann, provides a very useful introduction to the concept of cross-cultural experiences and their effect on health (see "Resources" for ordering information). Some suggestions for communicating with people who speak English as a second language are to:

- listen carefully to what is said and not said.
- pay attention to non-verbal gestures and behavior patterns.
- be aware of U.S. cultural assumptions and values.
- be complete and explicit, using diagrams, gestures and demonstrations to help communicate.
- ask for confirmation that you have been understood. The technique of return demonstration is the most concrete evidence that student understands new information.
- reinforce communication by written message.
- raise the issue but not the voice whenever there seems to be difficulty communicating.

The high level of stress experienced by front-line staff at the student health service prompts a discussion during the bimonthly meeting of foreign student advisers and professionals in health care and mental health. Staff at the front-line level, including the receptionist, intake nurses and others, frequently complain about struggling to communicate with foreign students. A workshop on cross-cultural communication is proposed. An inquiry to NAFSA reveals that model training programs and resource people are available.

Overcoming Language and Communication Difficulties

SELF-ASSESSMENT:

	Yes	No	N/A
1. Health-care materials are translated into languages of the major foreign-student population groups on campus.			
2. Interpreters have been identified from various language groups to be called upon for assistance if needed.			
3. Vocabulary lists of common health terms in multiple languages are available to providers.			
4. Training in using nonverbal communication tools such as writing, drawing and gestures is provided to staff who interact with foreign students.			
5. Language texts, including medical dictionaries, are available.			
6. Training is offered to foreign students to help them understand English idioms and colloquial expressions used in the United States.			

PLANS FOR FUTURE ACTION:

9. Understanding the Special Needs of Foreign Women

Reja is rushed to the student health service by her sister after she doubles over with severe stomach pain. Once there, she becomes awkward and embarrassed when alone with Dr. Allen Blake. In her own culture, it is not customary for a women to be examined by a male physician.

The numbers of foreign women studying in the United States have been increasing steadily over the past decade. Currently, more than one-third of foreign students in the United States are women. This figure does not include the large numbers of female spouses of foreign students.

Foreign women experience needs, issues and problems different from those of men. These concerns can vary widely. Some relevant factors include:

Marital status

- Is the woman single or married?
- If single, how is this perceived in terms of her culture's norm?
- If married, have her spouse and any children accompanied her?
- Is she a student, spouse or both? What is the norm for each role in her home country compared with the United States?
- Is language proficiency an issue?
- How are male and female roles perceived in her culture with respect to responsibilities in marriage, family and the workplace?

Age

- How is the age of a woman viewed in her culture compared with her counterpart in the United States?

Religious proscriptions

- Is it convenient to practice her religion in the United States?
- What are the roles of women in her religion?
- Could her religious practices and beliefs change as a result of her experiences in the United States?

Country or region of the world

- Is she experiencing health needs that differ from those of women from other countries or cultures?
- What are the roles of women in her home country compared with the roles of women in the United States?

Cultural support

- Where does the female student or spouse find support for her special adjustment issues?
- Is it possible to discuss adjustment issues with fellow countrywomen?
- If she is stepping outside a cultural norm or boundary by assuming a new role in the United States, how is she perceived by others from her home country?

Time in the United States

- Has the passage of time altered her cultural concept of her own identity as a woman?
- Are there reentry issues based on her degree of adaptation to life in the United States?

The changing roles of women affect their psychosocial and physical health. It is important that clinicians and advisers demonstrate sensitivity and offer support. There are many variables that may offer clues to foreign student advisers and health-care professionals about stress factors that can interfere with the physical and mental health of foreign women. Support sessions focusing on these issues may provide psychological support.

Foreign women seeking physical health care such as gynecological examinations may need to have the option of seeing a female practitioner, to have a friend or husband accompany

them for cultural or language reasons or to have explanations of procedures translated.

Foreign student advisers and health-care professionals may augment services for foreign women by:

- encouraging women to organize support groups and to provide leadership for this to happen. If the women set their own agenda, they usually are more motivated to participate in such activities.
- organizing a drop-in place and time for foreign women to get together. An informal, brown-bag-lunch time has proven to be successful. Child care for this and other events may be needed.
- offering staff training pertaining to issues affecting foreign women, involving the women themselves whenever possible, to increase sensitivity and awareness in serving them.

Married women are sometimes denied access by their husbands to health and wellness resources. This makes it more difficult for them to acquire translated health-care materials.

> ***Dr. Blake, sensing Reja's discomfort, quickly finds a female physician to examine her. Reja relaxes, gives a full description of her symptoms and submits to an examination. Subsequent x-rays and laboratory work are carried out by female staff members. Within hours, Reja leaves the student health service with medication for her ulcer.***

Understanding the Special Needs of Foreign Women

SELF-ASSESSMENT:

	Yes	No	N/A
1. Programs are offered for health-care staff and foreign women that address the special needs, issues and problems of foreign women.			
2. There are resources on campus to whom a foreign woman in need of support can be referred.			
3. In advising a foreign woman, the interaction reflects sensitivity to her culture's health beliefs and practices.			
4. Female health-care providers are on staff and are available to foreign students who prefer them.			

PLANS FOR FUTURE ACTION:

10. Facilitating Health Care for Dependents

Three weeks after Sergio's wife and two young sons arrive in the United States to join him at Coastal College, both boys develop symptoms of strep throat. They are not eligible for care at the campus health service, and the family is unable to afford private care. The parents become distraught.

Spouses and children of students often are not eligible to use campus health services. This can present a problem for foreign students' families, because the health of one family member clearly affects all. Campuses have a responsibility to facilitate health care for families who accompany students to the United States.

It is often difficult to determine the exact time that dependents join their families in the United States. A lack of support systems for spouses and children makes them particularly vulnerable to loneliness and stress-related physical symptoms; in some cases, they become the target for physical abuse as tensions overwhelm the ability to cope. It is important to recognize the health vulnerability of all accompanying dependents as well as the limitations they face in gaining access to services in the United States.

Cooperative arrangements can be made with on- and off-campus resources such as schools of public health, pharmacy, dentistry, optometry and social welfare and the departments of anthropology, nursing, health education, education and psychology. The student health service also can help identify a network of support in the community, including:

- physicians, dentists and optometrists, especially those who are foreign or who have foreign-language skills
- community health programs offered by agencies such as the Red Cross, diabetes foundation and park districts
- public-health programs, such as immunization clinics, well-baby clinics, family planning and maternity-care programs
- psychologists and counseling services

Health-orientation programs for dependents of foreign students provide an opportunity to explain the health-care system and resources available, as well as to explore issues of concern to participants. Spouses often prove to be helpful in planning orientation activities with student services personnel. This collaboration helps to insure success. Orientation programs might cover:

- personal safety
- practical tips on cultural customs
- appropriate use of emergency services including fire and police
- information on health-care alternatives, such as public vs. private, preventive, holistic, homeopathic and self-care; and on health-care specialists, including dentists and optometrists
- the importance of self-responsibility and asking questions
- the issue of confidentiality
- health insurance, availability and costs of health services
- available support for language problems

Community resources available to dependents might include:

- United Way or a similar organization
- churches or host families
- federal, state and county programs
- consulates or educational missions
- peer counselors

- foreign student organizations
- country-specific groups
- bilingual programs
- alternative health-care programs
- women's centers, clubs and service organizations such as Rotary

> ***Sergio's predicament disturbs Eleanor Simpson, a foreign student adviser. She enlists a group including student health staff and students at the university to meet with health professionals in the community. They develop a network of people willing to help dependents of foreign students. Some agree to charge on a sliding-scale basis. Several months later, Spear secures a NAFSA COOP grant to fund a program to facilitate access to medical care for foreign dependents.***

Facilitating Health Care for Dependents

SELF-ASSESSMENT:

	Yes	No	N/A
1. Orientation and health information programs are offered for dependents who accompany foreign students to the United States.			
2. Information about policies on health care for students' dependents is available.			
3. A list of community resources for foreign-student dependents is maintained and disseminated to them.			
4. An up-to-date list of accompanying dependents is available.			

PLANS FOR FUTURE ACTION:

11. Encouraging Adequate Health Insurance Coverage

A car hits Julio while he is riding his bicycle home from classes at Western Polytechnic. This hit-and-run tragedy leaves Julio in critical condition. He spends a month in the hospital, then faces six months of rehabilitation. Already his medical bills exceed $40,000. Julio has no money for these bills. He prepares to leave school and abandon his career plans.

Foreign students are often suspicious of health insurance. The idea of paying out of pocket for a service they may never benefit from seems unacceptable. Many will insist that the payment of insurance premiums is unnecessary. As a result, even on campuses with mandatory health-insurance programs for foreign students there needs to be an educational program available to students before they come to the United States that will continue after arrival. In addition, a careful monitoring program for compliance should be in place.

All too often, newly arrived foreign students are poorly informed about the U.S. health-care system. In most instances, students come from countries where health costs are affordable, medicine is socialized or a national health program provides services at little or no cost. Students tend to assume that all health-care systems are similar and fail to think about payment for medical care until it is too late.

Health insurance is recommended both for foreign students and dependents who accompany them. Even with the best planning, unexpected problems may occur. In such cases, foreign student advisers or health-care staff should be prepared to intervene to resolve any payment problems. Such support helps reduce stress for students and ensures continuity in their academic progress.

Since students usually are not covered by a health insurance plan when they arrive for school, it is important to inform them as soon as possible about insurance options. Even if the institution mandates health insurance for foreign students, all students must be educated about health insurance options and the U.S. health care system. ACHA and NAFSA emphasize that it is critical that institutions require adequate health insurance for all students and dependents and determine an appropriate minimum standard of coverage in order to reduce the damaging direct costs to students. For a complete statement of NAFSA and ACHA's position, see the "NAFSA-ACHA Joint Position Statement: Health Insurance for Foreign Students" (see "Resources" for ordering information).

Some of this information may be transmitted to students before they leave their home country. Predeparture orientations and mailings begin this educational process. Once the student has arrived, additional information and orientation need to be provided. Orientation for new students should include information about health-care services and any health insurance programs offered by the educational institution they are attending.

Programs for newly arrived foreign students should include a session on the health-care system that covers the following:

- The health system is privately funded, not government sponsored.
- Costs are not subsidized.
- For major surgery, students need to obtain estimates from the hospital and the doctor.
- Estimates are not final bills.

- Payment of medical services is the responsibility of the individual, with or without health insurance.
- Students need to set aside funds in their budgets to purchase health insurance for themselves and their dependents.
- Some doctors providing services at a hospital may bill the patient separately.
- Hospital and doctors' services are usually billed separately.
- Health insurance is typically designed to cover some or most medical costs, but typically not all.
- The insured is responsible for seeing that bills are submitted and that claim forms are properly completed.
- Reimbursement processing takes time, and incomplete forms cause further delays.
- Copies of all bills and papers should be kept for at least one year.
- Resources are available through state and campus offices.
- An explanation of deductibles is needed, and of the idea that payments may take care of a fixed percentage, such as 80 percent of the expenses; that prescriptions may not be covered; and that there may be other bills.

Foreign student advisers can serve as links between foreign students and health-care providers by informing students about the health-care system and costs and their responsibility to carry adequate insurance coverage. Providing students with examples to illustrate all the various expenses that go into making up a hospital bill can help demonstrate the need for adequate insurance coverage. Advisers also can help administrators with policy issues related to health insurance and institutional liabilities.

Health-care providers need to work with foreign student advisers and campus administrators to identify services and resources for students and dependents and to be involved in reviewing health insurance coverage for this group. The institution can protect itself from financial risk by determining minimal standards for coverage, requiring that all students carry adequate coverage and verifying that all registered students have complied with this requirement. Since insurance plans differ, it is important that students be made aware of the specific benefits of plans they purchase.

If an institution offers student health insurance, it must meet the nondiscrimination requirements of Title IX. These requirements state that institutions may not discriminate on the basis of race, color, national origin, sex, handicap or age. Pregnancy, childbirth, false pregnancy, termination of pregnancy (excluding abortion) and recovery must be treated in the same manner and under the same policies as any other temporary disability. Excluding pregnancy benefits or charging a higher premium when other medical situations are not treated in that manner violates Title IX.

At the end of 1988, the U.S. Department of Education's Office for Civil Rights informed U.S. college and university presidents about enforcement of Title IX of the education amendments of 1972. The Civil Rights Restoration Act of 1987 affected Title IX by broadening the terms "program" or "activity" to include most activities of educational institutions receiving federal financial assistance, including student health insurance offered by many colleges and universities. "Offered" is interpreted as "any medical or hospital benefit, service, plan, or policy which the institution administers, operates, or participates in with respect to students admitted to the recipient's institutional educational program or activity."

The Office for Civil Rights investigates complaints and initiates compliance reviews of Title IX through its headquarters in Washington, D.C., and 10 regional offices throughout the United States. These offices are prepared to offer technical assistance to institutions that might need to bring their policies into compliance.

Even if the newly arrived foreign student is well informed about the U.S. health-care system and has adequate health insurance coverage, inevitably some students each year face financial burdens because of the high costs of our medical-care system and students' limited resources to pay the resulting bills.

What are the responsibilities of student-health personnel and foreign student advisers in helping students? Identifying problem areas and potential resources to solve them ahead of time can assist students. Approaches might include:

- Identify the problem. Are the most frequent reasons for unpaid bills hospitalization, maternity care, dental or eye problems, emergency services? Are students having accidents involving cars or bicycles, or in the laboratory? Discern whether illnesses seem to be related.
- Identify how broad the need seems to be. Is this a problem for many or a few students, or a particular group of students? Is there any pattern?
- Assess the reasons for need. Are insurance benefits unrealistic for the cost of medical care in the local community? Are medical services being used inappropriately?
- Identify possible solutions. Review insurance benefits on an annual basis to change them to meet more closely the needs of students. Identify any need for additional health education in such areas as dental care or overuse of emergency services. Patterns related to bills can reveal the need for educational programs on such topics as community resources, wellness programs, prevention and safety.
- Identify resources to assist students with large medical bills. Are emergency loan funds available? Has the upper limit of loans been reviewed to determine their adequacy? Can exceptions be made for medical bills? Is the loan payback period realistic given the financial constraints faced by most foreign students? Can a fund be established for such problems? The development office or financial services office might be willing to help develop a campaign to raise funds for foreign students' medical emergencies if nothing is available.
- Consider the issue of repatriation of bodily remains. Fortunately, the need for repatriation occurs rarely, but an insurance benefit that provides payment, in the event of a participant's death, for preparing and transporting the remains to the person's home country should be offered. Experience has shown that lack of such a benefit can create a very uncomfortable, expensive situation for the institution involved, the foreign student adviser and the deceased's family.
- Health insurance programs are available through two companies for which NAFSA is a policy holder, as well as through other student health-insurance groups. ACHA also participates with a major insurance company to offer student health insurance to interested colleges and universities.

When Julio's case becomes the subject of an article in the local newspaper, the university receives adverse publicity for not requiring health insurance for foreign students. The school's administration approaches the foreign student office and the director of health services for a solution. They, in turn, contact NAFSA and ACHA to learn of resources that would help them make a case for mandatory health insurance on their campus. Both NAFSA and ACHA report that they have a joint position statement on foreign-student health insurance, and they can refer Western Polytechnic to other institutions that have implemented mandatory insurance programs. The administration contacts these institutions and gathers strategies and ideas.

Encouraging Adequate Health Insurance Coverage

SELF-ASSESSMENT:

	Yes	No	N/A
1. Health insurance is mandatory for foreign students.			
2. The school requires health insurance for dependents.			
3. The school offers students an endorsed insurance plan for optional coverage.			
4. The insurance offered meets requirements of Title IX.			
5. The foreign student office, student health service and foreign students are involved in developing the insurance benefits package.			
6. Students are informed about the U.S. system of health care and its costs.			
7. The institution helps foreign students prepare realistic budgets.			
8. The institution assists students with unexpected medical bills.			

PLANS FOR FUTURE ACTION:

12. Preparing Students for Reentry

Two months before Sutarono is to return home after four years at Eastern State University, he begins to sleep fitfully, experience difficulty concentrating and withdraw from friends. He refuses to share with others what is bothering him. Friends take him to the student health service, but no physical illness is found. Sutarono's symptoms worsen as the date of his return flight home approaches.

Programs that prepare students to return to their home countries anticipate the transition and help reduce discontinuities inherent in periods of major life change. Such programs, which may be offered by foreign student advisers, health service staff and mental-health counselors, present an opportunity to explore feelings, discuss role changes and share experiences.

Non-immigrant student status implies that foreign students in the United States will return to their home countries following their educational experience. Research shows that readjustment to the home culture is often more difficult for a sojourner than is adjustment to the United States. Foreign students are more likely to experience difficulty returning home if they have substantially changed their values and beliefs while they were in the United States.

It is often difficult for foreign students to perceive changes in themselves, but these changes may become obvious once the student has returned to his or her home country. Family and friends may seem different to one who has been away. Conflicts may result, and can lead to frustration, anger, confusion, resentment, identity questioning and despair. Physical ailments frequently follow reentry stress.

Problems related to the return home often can be minimized or controlled with preparation. Health-care professionals and foreign student advisers can make students aware of common social and psychological problems resulting from reentry into the home culture. Suggestions can be offered to help students surmount these problems. Although preparation for reentry ideally begins before the students leave their home country, programs and workshops offered by foreign student advisers and health-service professionals are most successful when planned from several months to several weeks before departure.

Reentry workshops or exit interviews can provide a supportive setting in which students can analyze their adjustment concerns and prepare for them. Issues that may be dealt with in such sessions include:

Cultural adjustment

- identity issues
- lifestyle changes
- shifts in interpersonal relations
- family or social pressure to conform to the ways of home
- value changes

Social adjustment

- move from individualism to collectivism
- sense of alienation as a result of foreign travel
- loss of amenities that were part of the American experience
- shift from informal social forms of interaction

Linguistic issues

- adoption of American verbal and nonverbal codes that are not familiar in the home country

- adoption of mannerisms that may be misinterpreted in the home country
- alienation from the home culture caused by longing for American linguistic codes

Psychological issues

- depression
- apathy
- a discouraging experience abroad
- an extremely positive experience abroad

Political issues

- shifts in national priorities and policies
- shifts in students' political views
- a political climate not conducive to professional activity or advancement

Educational problems

- inability to reconcile aspects of U.S. education to the home country
- lack of relevance of U.S. education in the home country
- lack of facilities or resources for research

Professional issues

- inability to work in a chosen specialty
- a glutted job market
- co-workers' resistance to change
- inability to communicate what was learned
- jealousy among co-workers
- high expectations, low compensations

Books, videos and research reports are available from NAFSA for designing reentry programs. Students who have been home and have returned to the United States are also good resources for reentry discussions. In addition, returnees in the home country can provide support once students have reentered. Many government or international agencies provide reentry support for returnees.

> ***When Sutarono goes for his exit interview at the foreign student office, his adviser discusses some of the anxieties students may feel about returning home. "I want to go home," Sutarono says. "Why do I feel sick?" His adviser explains some of the stresses of reentry and refers him to one of the reentry group discussions taking place that semester. At the discussion, Sutarono learns about the effects of reentry stress on students' emotional and physical health. He is back to normal by the time of his departure and understands what lies ahead as he adjusts back to his homeland again.***

Preparing Students for Reentry

SELF-ASSESSMENT:

	Yes	No	N/A
1. Exit interviews or reentry workshops are offered to students preparing to return home.			
2. Foreign students' intended dates of departure are available to health-service personnel.			
3. Printed material is available to help students prepare for reentry.			

PLANS FOR FUTURE ACTION:

13. Preparing U.S. Students for Study Abroad

Sharon Smith, a sophomore at Harrington Community College, has just been notified that she has been accepted for a year's study overseas. Many questions crowd her excited mind, particularly concerning how she will be able to continue her self-injections of insulin for diabetes. When she asks her adviser, Dr. Jim Smith, she is told that he has no information available and knows of no on- or off-campus resources to help her prepare to handle such details overseas.

Several offices and departments on campuses often send U.S. students abroad for study. Much of what is discussed in this book is as relevant to the needs of these students as it is for foreign students studying in the United States.

It is essential that institutions assume responsibility for coordinating an appropriate program of support to respond to the health needs of U.S. students studying abroad. By these coordinated efforts, all students preparing for overseas study can benefit. Health-service personnel and foreign student advisers can jointly create an appropriate response on behalf of the needs of U.S. students planning to study abroad.

U.S. students planning overseas study need programs to prepare them for the experience. Possible subjects to cover in these programs include general information about the host country and counseling about culture shock and reentry. They will also need information about the health-care system and student health services abroad; foreign immigration policies on immunizations and tests for tuberculosis and the human immunodeficiency virus (HIV—the virus that causes AIDS); clinics that provide immunizations and malaria prophylaxis; health risks in the host country; and health insurance for care while in foreign countries.

Orientation

Orientation programs about the country in which students will be residing may be provided by study abroad or foreign student offices, preferably with the assistance of foreign students. These programs should include specific information about the host country's culture. This information will help students enter the new culture and may help minimize the degree of culture shock they experience.

Another helpful resource, "Background Notes," is available from the U.S. Department of State, Bureau of Public Affairs (see "Resources" for ordering information). These notes are brief, authoritative pamphlets covering more than 150 countries. They contain concise information about the history, geography, culture, government, politics and economics of each country as well as travel tips on climate, clothing, health precautions, transportation, visa requirements and tourist attractions. Another publication, *Culturgrams: The Nation Around Us*, by the Center for International Studies at Brigham Young University, available through Intercultural Press (see "Resources" for ordering information), is a valuable resource of four-page summaries of the culture of 89 countries.

Health care and student health services abroad

It is important that information about health-care systems and student health services in host countries be included in orientation programs for U.S. students preparing to study abroad.

Students with chronic illnesses requiring ongoing medications or injections, such as

diabetes and allergies, will need information about laws regulating the importation and possession of medications and hypodermic needles. Since some countries may not have medications or sterile needles available, it is important that students be made aware of regulations prior to departure from the United States.

Students should also be provided with information about the risks of transmission of HIV related to the safety of a foreign country's blood supply. They also should be informed about laws governing the importation or possession of condoms and other contraceptives, primarily in Islamic countries.

Information about medications, needles, AIDS, condoms and contraceptives may be available through the U.S. Department of State, the U.S. Public Health Service, American embassies in foreign countries, foreign embassies in the United States, the International Red Cross, the World Health Organization and the Centers for Disease Control. Unfortunately, such information is not always reliable or current.

Culture shock and reentry

Just as foreign students undergo culture shock, so, too, do U.S. students studying abroad. Students planning to study at foreign institutions should be prepared for psychological as well as physical adjustment to a new culture. Study-abroad students may also find that reentering the United States involves cultural adjustment (see Chapter XII).

Policies on immunizations, TB and HIV testing

Routine childhood immunizations are the norm in the United States. However, in the developing world, diseases such as polio, rubella, measles (rubeola) and mumps occur with high frequency. Although such immunizations are not required for entry into foreign countries, U.S. travelers should be certain that their immunizations for tetanus, diphtheria, measles, mumps, rubella and polio are up-to-date.

"Health Information for International Travel," published yearly, and the biweekly "Blue Sheet" summary of health information for international travel, both available from the U.S. Public Health Service (see "Resources" for ordering information.), should be consulted for information about immunizations such as cholera, yellow fever and typhoid that are required by law in order to enter certain countries.

Any student who plans to study abroad should consider:

- immune globulin for prevention of hepatitis A in countries with poor sanitation
- meningococcal vaccine, which is recommended for travel to sub-Saharan Africa and to other areas where epidemics have occurred recently, such as Nepal and New Delhi, India
- Japanese encephalitis vaccine (This vaccine is not available in the United States. Students should contact the U.S. embassy in the country to which they are travelling to find out how to obtain the vaccine. Japanese encephalitis is epidemic during the summer in India, Bangladesh, Korea, China and northern Thailand, and is sporadic in Japan, Burma, Indonesia, Malaysia, Nepal, the Philippines, Taiwan and Sri Lanka.)
- rabies vaccine for animal handlers
- plague vaccine for people in contact with wild rodents or rabbits in upland regions of Africa, Asia and South America
- hepatitis B vaccine for travelers who anticipate exposure to the blood or secretions of local populations in China, Southeast Asia, sub-Saharan Africa and the Amazon basin countries
- TB testing, advisable prior to departure to and after returning from developing countries (If a student is studying in a country where tuberculosis is prevalent, a negative TB test prior to departure and a positive test after return will identify a recent infection. This will allow for prompt initiation of INH prophylaxis or treatment.)

Students traveling abroad will need information about their host country's requirements for HIV antibody testing before entry into or residence in that country. National policies vary widely and change frequently. In some countries, testing is required for any visa or for an extended stay.

In addition to information about HIV testing, U.S. students should be advised about AIDS

prevention. This is especially pressing when students visit countries that provide little or no information about AIDS and that offer no support for behavior modification to reduce the risk of HIV infection.

Travel Clinics

U.S. students studying abroad need access to travel clinics either within or outside their institution to receive immunizations, malaria prophylaxis and accurate information about health risks unique to foreign countries. Student health services should provide these services or refer students to appropriate resources.

Malaria is caused by four types of protozoa transmitted by the Anopheles mosquito. It occurs in many parts of the developing world that have warm climates. "Health Information for International Travel" provides information about countries in which there is risk of malaria infection. All travelers to these countries should receive malaria prophylaxis beginning two weeks before arrival and continuing for six weeks after departure. Travelers should also take other precautions against malaria infection, such as staying indoors from dusk to dawn, covering their skin, using insect repellants and netting or screens and using insect sprays indoors at night. These measures are also useful in the prevention of other mosquito-borne diseases, such as yellow fever and Japanese encephalitis. However, no prophylaxis is foolproof. Malaria can occur months after departure from a malaria-endemic area.

Travel clinics also should provide information about the following health risks in foreign countries:

- schistosomiasis in Africa, Brazil, Venezuela, the Guianas, the West Indies and Puerto Rico (This parasite can be picked up in fresh water lakes, rivers, standing water such as rice paddies or untreated bathing water.)
- typhoid and hepatitis A in countries with poor sanitation
- polio and tuberculosis in developing countries
- cholera in parts of Asia and Africa
- yellow fever in tropical South America and sub-Saharan Africa
- meningitis in sub-Saharan Africa and recently in Nepal and New Delhi, India
- Japanese encephalitis in India, Bangladesh, Korea, China, northern Thailand, Japan, Burma, Indonesia, Malaysia, Nepal, the Philippines, Taiwan and Sri Lanka
- hepatitis B in China, Southeast Asia, sub-Saharan Africa and the Amazon basin
- giardiasis, at times prevalent in Leningrad and other parts of the Soviet Union

The travel clinic should offer preventive vaccines and education when possible for these diseases.

Diarrhea is the most common illness travelers experience. It is recommended that travelers eat only well-cooked food served piping hot and fruit that has been peeled. They should drink only boiled water and beverages in bottles and cans, and they should avoid ice in drinks. If diarrhea does develop, a clear liquid diet, Pepto-Bismol, Imodium and sometimes antibiotics are the accepted treatments.

Health insurance

Just as foreign students coming to the United States require health insurance, so, too, do U.S. students studying abroad need adequate coverage for health care while in foreign countries, evacuation in the event of a medical emergency and repatriation in the event of death.

Jim Smith knows that other students like Sharon Smith may be coming to him for similar assistance. He searches for resources to help her, and discovers that many are available through NAFSA and ACHA, including information about policies on immunizations and testing for TB and HIV as well as how to handle culture shock and reentry.

Preparing U.S. Students for Study Abroad

SELF-ASSESSMENT:

	Yes	No	N/A
1. Programs are provided for study abroad about:			
a. foreign countries, particularly their host country			
b. "culture shock"			
c. reentry to the United States			
d. health-care systems in foreign countries			
e. student health services in foreign countries			
2. Foreign students assist with the above programs			
3. Study-abroad students are given information about foreign countries' laws regulating:			
a. importation and possession of medications			
b. importation and possession of hypodermic needles			
c. importation and possession of condoms and contraceptives			
4. Study-abroad students are given information about:			
a. HIV testing required to enter foreign countries			
b. risks of HIV transmission related to a foreign country's blood supply			
c. prevention of AIDS			
5. Study-abroad students are given information about:			
a. routine immunizations			
b. immunizations required by law to enter certain foreign countries			
c. other special immunizations			
d. TB testing			
6. Study-abroad students have access to travel clinics that provide:			
a. immunizations			
b. TB testing			
c. malaria prophylaxis			
d. accurate information about health risks unique to other countries			
e. information about traveler's diarrhea			
7. Students have access to confidential HIV antibody testing.			
8. Study-abroad students have information about and access to health insurance for travel abroad.			

PLANS FOR FUTURE ACTION:

14. Implementing Data Collection and Research on Foreign-Student Health Needs and Services

Teong and Noor seek treatment at the student health service for poor appetites and progressive weight loss. Both men live in International Complex, a block of apartments occupied by about 300 foreign students. The nurse, Elizabeth Peale, suspects that their problem may be due to an inability to purchase ingredients commonly used in favorite dishes from their native countries. She asks the director of the student health service for data that would indicate whether foreign students commonly seek treatment for similar complaints. She is left in the dark when the director tells her that statistics on utilization rates by country of origin are not collected.

Many of the special challenges of providing health care to foreign students and their families remain largely unaddressed. There is a need for consistently collected, reliable information that can clarify the special health needs of foreign students in order to develop programs to better serve this population. Limited resources and lack of research by foreign student advisers and campus health professionals have contributed to neglect in this area. Few schools collect and analyze data that could strengthen the ability to provide culturally-sensitive, effective health-care programs across the country.

The few studies available indicate that foreign students may use campus health services more often than domestic students, and they may present different patterns of illness. There is insufficient information about health concerns that center on specific national groups of students. Health-care strategies that could meet foreign students' health needs are poorly understood. While the foreign-student population has health needs that call for tailored approaches, most campuses do not collect the information needed to plan and deliver relevant services or to evaluate their effectiveness.

An important first step would be to conduct a health needs assessment of the foreign-student population. Assessments should be conducted every two years. The questionnaire should be brief. It should include questions about health awareness and needs of students as well as health concerns of spouses and dependents (such as whether family members are covered by the campus health program). The survey can be used to better inform this high-need population about treatment and preventive services available on campus.

In addition to assessing needs, each institution also could routinely collect data on its foreign-student population to identify problems they present to the student health service, to measure utilization rates and to summarize satisfaction levels with health services. Basic demographic information should be collected on students who use the campus health facility. This could be compared with the enrolled foreign-student population to better understand needs and clusters of concerns. These data, collected consistently over time, are the best avenue for problem identification and program planning to meet students' health needs. In addition, information sensitively col-

lected can help identify opportunities for intervention to assist particular risk groups through preventive and outreach activities.

Many institutions are implementing on-line data systems to manage student information. When available, these systems may provide valuable information. Student health services are recognizing the advantage of automating to improve administrative efficiency and to enhance quality. This capability offers the opportunity to develop and maintain health data on foreign students. In the absence of information on individual campuses and aggregate data for the field of college health, professionals will continue to respond inadequately to the challenge of delivering relevant health services to this special-need population.

The ACHA is developing a program for consistent data collection and reporting for the field of college health. It should be capable of describing the health status of foreign students from a multi-institutional perspective. Also, HealthLink, a national clearinghouse on foreign-student health information and resources, sponsored jointly by ACHA and NAFSA, offers a variety of resource materials, including policies, sample programs and promotional information. HealthLink offers an ideal mechanism for sharing reports, surveys and data summaries on foreign-student healthcare nationwide (see "Resources" for ordering information).

> ***Elizabeth Peale expresses a willingness to develop a system to collect data on utilization rates of foreign students by country of origin, and decides to contact NAFSA and ACHA to learn how other institutions have gone about it. She learns that there has been national research conducted on utilization rates that is published by NAFSA (see "Resources" for ordering information). She is also referred to other institutions with model data-collection programs.***

Implementing Data Collection and Research on Foreign-Student Health Needs and Services

SELF-ASSESSMENT:

	Yes	No	N/A
1. Demographic information on foreign students who use the health service has been collected. The data include country of origin, marital status, sex and academic classification.			
2. An annual list of the five top diagnoses related to foreign-student health care is maintained.			
3. The health-care needs and interests of foreign students have been assessed during the past two years.			
4. Information on foreign-student health care is shared annually between the foreign student office and the student health service.			

PLANS FOR FUTURE ACTION:

15. Enrichment through Professional Associations

John Chapman, a foreign student adviser, attends a NAFSA regional meeting that includes a program he wants to share with his colleagues about AIDS education for foreign students. He finds after his return that his colleagues don't share his enthusiasm. He wants to promote an interdisciplinary exchange that would enhance the care of foreign students, but finds himself stymied by co-workers who seemingly respond only to their own professional publications and programs.

ACHA and NAFSA are vehicles for networking with colleagues committed to improving health care for foreign students. These national associations and their regional affiliates offer annual meetings and conferences for continuing education and individual dialogue. The national meetings also provide an opportunity to network with foreign health-care providers and educational advisers and colleagues who are overseas. In recent years, through the work of the NAFSA-ACHA Joint Committee on Foreign Student Health Care, the number of program offerings on foreign-student health care at annual meetings and conferences has increased. In addition, both associations sponsor HealthLink, a clearinghouse of foreign student health information and resources to assist those working in the field.

In addition to the educational opportunities available at professional meetings, affiliation with national and regional organizations provides access to newsletters, bulletins and other resources that help campus programs stay relevant and up-to-date. In the area of foreign-student health care, the interests of college health personnel and foreign student advisers must be brought together. The link has been strengthened by a series of annual workshops sponsored by both national associations designed to train teams of foreign student advisers and health-care practitioners to become working partners at their institutions. It is every professional's responsibility to establish and nurture ties with colleagues who face similar challenges.

Collaboration with professional colleagues on regional and national levels can be a powerful strategy to improve health care for foreign students. It offers the best way to expand your resource networks. Annual meetings and conferences of NAFSA and ACHA offer opportunities for joint program presentations. Involvement with colleagues in the higher education community who share an interest in foreign-student health can help improve health care.

Determined to forge a more cooperative working relationship with the student health service, Chapman contacted NAFSA for the names of resource teams of foreign student advisers and health-care providers in his area. The list of names was developed during recent NAFSA-ACHA workshops on improving health care for foreign students. He then contacted the teams to brainstorm methods to use to reach out to the student health service. He uses the ideas and soon organizes an interdisciplinary presentation on AIDS-education for his colleagues on campus.

Enrichment through Professional Associations

SELF-ASSESSMENT:

	Yes	No	N/A
1. Institutional membership is maintained in ACHA and/or NAFSA. Staff have attended a professional meeting or conference at the regional or national level in the past year and information gathered there has been shared with others on campus.			
2. Staff have made a presentation at a meeting or conference in the past two years on foreign-student health care.			
3. Professional colleagues have been consulted within the past two years to improve foreign-student health care for the campus.			
4. ACHA and NAFSA newsletters are read and circulated to colleagues across the campus.			

PLANS FOR FUTURE ACTION:

Resources

1. Associations

American College Health Association

The American College Health Association (ACHA) and its affiliates represent and serve a diverse group of professionals who provide health services to the higher education community. ACHA is a non-profit association that promotes excellence in college health care by setting standards and providing quality health programs and services to colleges and universities in the United States, Canada and internationally.

Membership is available to institutions of higher education and individuals, both health professionals and students, who are dedicated to health promotion on their college or university campuses. Benefits to members include association publications, annual meeting, liaison activities with other health-care organizations, continuing education, opportunities for professional development and up-to-date information on current issues, such as the nursing liability crisis and immunization.

Through the work of institutional task forces and cooperation with other organizations, ACHA directly addresses sensitive issues such as AIDS and other sexually transmitted diseases, alcohol and drug abuse, confidentiality, vaccine-preventable diseases, student health insurance, health needs of international students and more.

For membership information, contact: ACHA, 15879 Crabbs Branch Way, Rockville, MD 20855, telephone (301) 963-1100.

National Association for Foreign Student Affairs

The National Association for Foreign Student Affairs (NAFSA) is a nonprofit membership association that provides training, information and other educational services to professionals in the field of international educational exchange. Its more than 6,000 members—from every state in the United States and some 70 other countries—make it the largest professional membership association in the world concerned with the advancement of effective international educational exchange.

NAFSA provides those involved in the exchange process with consultations, workshops and in-service training to strengthen services to foreign students and scholars on U.S. campuses and U.S. students abroad; national and regional conferences to share information and expertise; information services dealing with all aspects of international educational exchange; project funding opportunities for individuals and institutions for enrichment, analysis and research; and liaison/representation with U.S. government agencies and other educational associations in this country and abroad.

For membership information, contact: NAFSA, 1860 19th Street, N.W., Washington, D.C. 20009, telephone (202) 462-4811, fax (202) 667-3419.

2. Publications

For publications from the following write:

ACHA
15879 Crabbs Branch Way
Rockville, MD 20855

Intercultural Press, Inc.
P.O. Box 768
Yarmouth, ME 04096

NAFSA
1860 19th Street, N.W.
Washington, DC 20009

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

ACHA Recommended Standards and Practices for a College Health Program **(1984). 4th Ed. 48pp. (Available from ACHA. $10 for member institutions, $20 for all others.)**

This publication establishes standards and practices for services and activities; supporting

services; communications; qualifications, duties and education of health personnel; financing; facilities; and ethical and professional relationships as they all relate to the college health program.

AIDS on the College Campus: ACHA Special Report **(1986). Edited by Richard P. Keeling, M.D. 68 pp. (Available from ACHA. $5 for member institutions, $7.50 for all others.)**

This publication represents the result of efforts by the ACHA Task Force on AIDS to further develop and present information and guidelines to assist campuses with their educational programs and policy development.

Background Notes. **(Available from the Superintendent of Documents.)**

The Background Notes are a unique series of brief, authoritative pamphlets on selected countries and geographic entities of the world (except the United States) and international organizations--approximately 170 Notes in all. Unless current information is unavailable, Background Notes are updated every 2 years; about 60 are published each year. Each includes concise information on history, geography, culture, government, politics and economics, as well as travel tips on climate and clothing, health precautions, transportation, visa requirements and tourist attractions.

Counseling the Culturally Different: Theory and Practice **(1981). Derald Wing Sue, Edwin H. Richardson, Rene A. Ruiz and Elsie J. Smith. 303pp. (Available from Intercultural Press, Inc. $29.95.)**

The authors break their subject into three parts: (1) issues and concepts in cross-cultural counseling skills, (2) counseling specific populations (with chapters on Asian-Americans, Blacks, Hispanics and American Indians), and (3) critical incidents in cross-cultural counseling (in which 14 critical incidents are described). Readers are encouraged to analyze cross-cultural issues and value differences and propose a counseling approach, which they may then compare with that of the authors.

Crisis Management in a Cross-Cultural Setting **(1987). Patricia A. Burak. 64pp. (Available from NAFSA. $6.95.)**

This is a valuable guide to meeting the wide range of emergencies that might arise in working with foreign students. Chapters cover health-related, family-related and community-related situations. Guidelines for preparing a network of support and information are presented.

Cross-Cultural Reentry: A Book of Readings. **Edited by Clyde N. Austin. 288pp. (Available from Intercultural Press, Inc. $15.95.)**

This collection of 25 articles starts out with a number on reentry in general. It then focuses on issues related to three specific groups: government employees; business and missionary families and international students; and third-culture kids (and their parents). The final section consists of articles examining what can be done to reduce the stresses of reentry; it includes exercises and other materials for use by individuals or in workshops and seminars.

Culture, Health and Illness: An Introduction for Health Professionals **(1985). Cecil Helman. 256pp. (Available from PSG Publishing Co., Inc., Box 6, 545 Great Rd., Littleton, MA 01460. $20.)**

This common medical anthropology text presents an overview of the interplay of health, illness and culture. It includes information on foods, nutrition, stress, cultural aspects of healing and cultural views of mental health.

Culture Shock **(1986). Adrian Furnham and Stephen Bochner (Methuen). 318pp. (Available from Intercultural Press, Inc. $15.95.)**

Based on extensive, if not exhaustive, examination of the theoretical and research literature in a variety of disciplines, this book provides a basic analysis of what is known about the psychological consequences of exposure to unfamiliar environments. The authors explore the short- and long-term adjustment experiences of tourists, travelers and sojourners, including migrants, refugees, foreign students, business executives and others. They also explain the implications for their hosts, sponsors and employers, and suggest positive means of adapting to new cultures.

Culturgrams: The Nations Around Us **(1986-87). Vol. I & II. Center for International Studies, Brigham Young University. 210pp. (Available from Intercultural Press, Inc. $15 for each volume.)**

The popular Culturgrams series has been assembled into bound volumes. The first volume includes Culturgrams on 50 nations of North and South America and Western and Eastern Europe. Volume II covers 39 countries of the Middle East, Africa, Asia and the Pacific Rim. Each Culturgram is a four-page summary of information about

such things as customary greetings, conversational style, gestures and their meaning, customs and background of the population, land, economy, religion, history, climate and government.

Going Home: A Workbook for Reentry and Professional Integration **(1986). Martha Denney. 115pp. (Available from NAFSA. $4.25.)**

This workbook includes checklists, budget planning sheets and other action-oriented exercises to help students prepare for professional positions in their home countries.

Handbook of Cross-Cultural Counseling and Therapy **(1986). Paul Pedersen. 340pp. (Available from Intercultural Press, Inc. $21.95.)**

Thirty-nine articles discuss broad perspectives and international approaches to cross-cultural counseling, counseling methodologies and processes (covering such subject areas as nonverbal behavior, ethnic sensitivity, countertransference, transcultural caring and ethnographic methodologies), specific client populations (American Indian, Asian-American, Pacific Island, Hispanic, Black and minority women), research issues (assessment, existentialism, sex roles, psychotherapy, cultural identity and a general review of research) and the practical domain of education and training.

Health Care for the International Student: Asia and the Pacific **(1986). Edited by Stephen Karel, June Naughton and Nancy Stockert. 121pp. (Available from NAFSA. $8.25.)**

This is a valuable manuscript prepared especially for college personnel dealing with international students. The introduction by Donald Char, M.D., explores some medical-anthropological insights into cross-cultural health. The major section of the manual is a detailed account of health-care systems in Asia and the Pacific, area by area. Following this is a brief section on health care in the United States. The authors offer their suggestions for preventive assistance and health care, as well as approaches to the student in crisis. The substantial bibliography is arranged by topic.

Health Information for International Travel **(1988). U.S. Department of Health and Human Services. 166pp. (Available from the Superintendent of Documents. $4.75.)**

This booklet is published annually by the Center for Disease Control for use as a reference by those who advise international travellers concerning the risks that they might encounter when visiting other countries. It specifies the vaccinations required by different countries and includes information on measures for travellers to take to protect their health and facilitate their travel.

Helping Them Home: A Guide for Leaders of Professional Integration and Reentry Workshops **(1988). Margaret D. Pusch and Nessa Loewenthal. 27pp. (Available from NAFSA. $4.95.)**

This publication contains detailed training modules that cover a sojourner's total experience from arrival in a foreign country to the return home.

Human Sickness and Health: A Biocultural View **(1979). Corinne Shear Wood. 376pp. (Available from Mayfield Publishing Co., 1240 Villa St., Mountain View, CA 94301. $21.95.)**

This work focuses on how biological and cultural influences affect health and illness. A special focus is paleopathology and reproduction.

Journal of American College Health. **"International Student Health: A Special Issue." Vol. 36, No. 6 (May 1988). (Available from Heldref Publications, 4000 Albemarle St., N.W., Washington, D.C. 20016. Single copies $7.50 each.)**

This issue of the journal is dedicated to matters of international health as they relate to college and university students. Articles include strategies for improving health care for foreign students and the health needs of foreign students and their families.

Journal of American College Health. **"Position Statement on Immunization Policy." Vol. 32, No. 32 (August 1983). (Available from Heldref Publications, 4000 Albemarle Street, N.W., Washington, DC 20016. Single copies $7.50 each.)**

This article outlines recommendations made by the ACHA Ad Hoc Committee on Immunization regarding immunization policy for students entering U.S. higher education institutions.

NAFSA Newsletter. **(Available from NAFSA. $30 per year U.S., $35 per year Canada & Mexico, $45 per year overseas.)**

This important resource for professionals in international educational exchange carries information on new programs, new publications and new trends in education in other countries.

NAFSA Principles for International Educational Exchange **(1983). 15pp. (Available from NAFSA. Single copy free.)**

This publication establishes principles of effective practice for those involved in the various aspects of international educational exchange.

A National Survey of College Health Centers on Health Care for International Students. **Edward Blankenship and Allan Ebbin. 16pp. (Available from NAFSA. $2.65.)**

This paper is a report on a survey of health care of international students in 180 college health centers.

On Being Foreign. Culture Shock in Short Fiction **(1986). 308pp. Tom Lewis and Robert Jungman. (Available from Intercultural Press, Inc. Softcover, $14.95. Hardbound, $23.95.)**

This publication gives a rare glimpse of culture shock and cross-cultural adjustment through the eyes of fictional characters from twenty great short stories.

Open Doors, 1987-88 **(1988). 174pp. (Available from the Institute of International Education, Communications Division, Box BF, 809 United Nations Plaza, New York, NY 10017. $32.95.)**

IIE's annual report on the census of foreign students includes statistical reports with text on national origin, sources of financial support, fields of study, enrollments and rates of growth in colleges and universities nationwide.

Orientation for Foreign Students: Guideline Series 4 **(Revised 1980). 11pp. (Available from NAFSA. $1.95.)**

This work explains the purpose of orientation and offers an approach to the orientation of foreign students. It outlines ways to effectively plan an orientation program.

Peer Counseling Skills and Perspectives **(1983). Vincent D'Andrea and Peter Salovey. 205pp. (Available from Science and Behavior Books, Box 60519, Palo Alto, CA 94306. $9.95.)**

This easy-to-read handbook for training peer counselors in effective interviewing and for developing listening and counseling skills is useful to all whose work with students includes a counseling dimension. Guidelines are given for establishing good communication. While it does not deal specifically with international students, the material, examples and exercises are basic and extremely useful.

The Risks and Realities of Health Insurance: A Guide for Advisers to Foreign Students and Scholars **(1988). 12pp. (Available from NAFSA. Single copy free.)**

The NAFSA Insurance Advisory Committee has designed this booklet to help foreign student advisers and other college and university officials to understand the complex field of health insurance as they assist foreign students attend to their health insurance needs.

Summary of Health Information for International Travel. **(Available from the Superintendent of Documents. $4.75.)**

The "Blue Sheet," published bi-weekly by the Division of Quarantine of the Center for Disease Control, shows where cholera and yellow fever are being reported. It also publishes official changes in vaccination requirements of individual countries as reported by WHO. This listing supplements information in *Health Information for International Travel*.

The Travel and Tropical Medicine Manual **(1987). Elaine Jong, M.D. 323pp. (Available from W. B. Saunders, Curtis Center, Independence Square, West Philadelphia, PA 19106. $19.95.)**

This complete manual of tropical medicine is a valuable reference for clinicians who care for international travellers.

Uprooting and Health: Psycho-social Problems of Students from Abroad **(1983). Alexander D. G. Gunn and Charles A. A. Zwingmann. (Available from WHO Publications Center USA, 49 Sheridan Ave., Albany, NY 12210.)**

This monograph provides a very useful introduction to the concept of uprooting and its effects on health. It includes suggestions for identifying, preventing and intervening in the uprooting disorder. Of special interest are the original diagnostic and intervention drawings, which may be presented to students on cards, then used as a focus for discussion. An extensive bibliography is provided.

The Western Journal of Medicine. **Special Issue on Cross-Cultural Medicine. Vol. 139, No. 6 (December 1983). (Available from the California Medical Association, 221 Main St., San Francisco, CA 94105. Single copies $5.00 each.)**

An entire issue of this medical journal is devoted to cross-cultural medicine. Written by anthropologists, it is a compilation devoted to cross-cultural issues related to medicine and

belief systems for Filipinos, Black Americans, Japanese Americans, Southeast Asian refugees, Jamaicans, Pacific Islanders, Middle Easterners, Latinos, Native Americans and Chinese. A wonderful introduction to the issues, ideas and perspectives of cross-cultural medicine.

***Update: Vaccine Preventable Diseases* (March 1989). ACHA Immunization Committee. 5pp. (Available from ACHA. Free.)**

This bulletin reviews the current status of vaccine preventable diseases (VPDs). Outbreak control, prematriculation immunization requirements, education projects for hepatitis B vaccine and ways to reduce the impact of VPDs on college students are covered.

3. Other

***Bafá-Bafá*. R. Gary Shirts (Simile II). (Available from Intercultural Press, Inc. $69.95.)**

This classic simulation of intercultural experience divides participants into two strikingly different culture groups. Each is then challenged to figure out the underlying values of the other and to adapt to the behaviors they encounter when members of the two groups interact. In-depth learning results from discussion of the experience.

"Cold Water." Noriko Ogami, Producer. (Available from Intercultural Press, Inc. $105, or one-week rental for $40.)

This film about cross-cultural adaptation and culture shock deals with diving into a new culture and having it feel—as one of the foreign students interviewed in the film put it—like a plunge into "cold water."

The perceptions of 12 Boston University foreign students concerning their experiences in the United States are depicted, with each of the foreign students (plus one American student and three knowledgeable specialists in cross-cultural affairs) interviewed about the experience of living and studying in a new culture. Their comments, woven together into a vivid tapestry by the expert editing of the producer, throw into relief with charm, spirit and wisdom the principal issues that face the foreigner in the process of adjustment.

HealthLink

This computer-based clearinghouse located at NAFSA contains foreign-student health information and resources from campuses and organizations in the United States. It includes information on products (e.g., foreign-student health handbooks, translated health information brochures), policies (e.g., health insurance and immunization policies at various institutions and how these are enforced), and programs (e.g., model health-orientation programs, discussion groups for spouses, workshops on stress management). Further information and order forms are available from NAFSA's Field Service.

"Professional Integration for a Smooth Passage Home"

This video presentation illustrates the steps that a foreign student can take in preparing for return to a professional role in the home country after study or training in the United States. It is recommended for use in pre-departure workshops on the topics of reentry and professional integration. The video is available on loan from NAFSA in the following formats: 3/4-inch U-Matic, VHS, and Beta videotape; and 16mm film. 17" minutes. 1986.

"Your Health in the United States" (1981)

This video is available on loan from the NAFSA Field Service and can be purchased from Ohio University. It is accompanied by a workbook and sets of brochures in English, Spanish, Chinese and Arabic to be used in orientating foreign students to the U.S. health-care system. Developed by Ohio University, the video furnishes a general introduction to types of health-care facilities, professionals and procedures in the United States. The brochures provide translations of basic medical terminology.

Index

A
AIDS 5, 10, 12, 13, 32, 33, 34

B
Belief Systems 3, 10, 12, 17, 21, 29
Birth Control 12

C
Collaboration 1, 23, 40
Communication Difficulties 8, 10, 19
Community Resources 3, 8, 12, 23, 27
Contraceptives 12, 13, 33
Crisis 1
Culture Shock 7, 8, 12, 32, 33

D
Data Collection 37, 38
Dental Care 3, 5, 8, 10, 12, 27
Dependents 3, 8, 11, 12, 22, 23, 25, 37

E
Eye Care 10, 12, 27

F
Financial Needs 25, 26, 27
Fitness 5, 13

G
Gynecological Care 10, 12, 21

H
Health Promotion/Prevention 5, 10, 13, 17, 27, 33, 37, 38
HealthLink 8, 10, 12, 38, 40
Hepatitis 10, 11, 12, 33, 34
Home Remedies 13, 17

I
Immunization 5, 10, 11, 12, 23, 32, 33, 34
Insurance, Health 8, 15, 23, 25, 26, 27, 32, 34

L
Language Skills 1, 8, 10, 23

M
Measles 11, 33
Medications 8, 13, 32, 33
Mental Health 3, 7, 8, 21

N
Networking 1, 23, 40
Nutrition 5, 8, 10, 12

O
Orientation 7, 8, 19, 23, 25, 32

P
Peer Advocates 5, 8, 15, 23
Pregnancy 12, 26
Prevention *See* Health Promotion
Psychological Problems 1, 7, 8, 29, 30, 33

R
Reentry 21, 29, 30, 33
Repatriation 27, 34

S
Sexually Transmitted Diseases (STDs) 10, 12, 13
Stress 5, 8, 13, 19, 21, 23, 25, 29
Student Advisory Groups 15

T
TB 8, 10, 11, 33, 34
Title IX 26
Training 1, 3, 19, 22, 40
Tropical Medicine 10

W
Women 11, 12, 21, 22

The Committee invites all readers to submit suggestions and comments on this book to NAFSA and ACHA to benefit future editions.

National Association for Foreign Student Affairs
1860 19th Street, N.W.
Washington, DC 20009
(202) 462-4811

American College Health Association
15879 Crabbs Branch Way
Rockville, MD 20855
(301) 963-1100

56